

## Santa Rosa County Life Safety/Fire Prevention Department

Santa Rosa County Public Service Center 6051 Old Bagdad Highway, Room 202 Milton, Florida 32583

John T. "Tim" Tolbert
Building Official
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Compliance Division Superintendent

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Fire Inspector/ Plans Examiner
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Fire Inspector

## **Public Fireworks Display Permit Application**

|                                                                                                                                                                | city limits of Milton or Midway Fire Protection District, please do not a ct the City of Milton Fire Department or Midway Fire Department **                                                                                                                                     |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Date                                                                                                                                                           | L/S Permit #Bldg. Permit #Office Use C                                                                                                                                                                                                                                           |                                                          |
| Project Name:                                                                                                                                                  |                                                                                                                                                                                                                                                                                  |                                                          |
| Project Physical Address:                                                                                                                                      |                                                                                                                                                                                                                                                                                  |                                                          |
| Date of Display:                                                                                                                                               | Time Display to Start:                                                                                                                                                                                                                                                           |                                                          |
| Display Sponsor:                                                                                                                                               |                                                                                                                                                                                                                                                                                  |                                                          |
| Contact Person:                                                                                                                                                | Phone Number:Cell                                                                                                                                                                                                                                                                |                                                          |
| Local Fire District:                                                                                                                                           |                                                                                                                                                                                                                                                                                  |                                                          |
| showing the size of the grounds an<br>Please include the location of all build<br>of docks, bridges and power lines for<br>form entering the display area as w | ounds and/or vessel on which the outdoor fireworks disped/or vessel and the point at which the fireworks are to be dings, highways and power lines for all land based displated all floating displays. Please indicate method used to resell as any other overhead obstructions. | e discharged.<br>lys. Include location<br>train audience |
| emergency is required in both disc<br>(3) A minimum of one manned fire ap<br>be on scene during the fireworks of                                               | charge and storage areas.  paratus from the local fire district as well as medical perslisplay.                                                                                                                                                                                  | sonnel is required to                                    |
|                                                                                                                                                                | ired on the scheduled date of the display, prior to dischior to scheduled date of display to schedule the inspecti                                                                                                                                                               |                                                          |
|                                                                                                                                                                | he fireworks display permit at any time a hazardous con                                                                                                                                                                                                                          |                                                          |
|                                                                                                                                                                | STATED ABOVE AND AGREE THAT IF AT ANY TIME OF INSPECTION, THE<br>FIRE OFFICIAL HAS THE AUTHORITY TO REQUIRE CORRECTIVE ACTION                                                                                                                                                    |                                                          |
| Signature of Person Applying                                                                                                                                   | Printed Name of App                                                                                                                                                                                                                                                              | <br>olicant                                              |